

**FILED**

Sep 27, 2022

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

Thanh Quang / CDCR# AS-9722  
Name and Prisoner/Booking Number

CSP- California Medical Facility  
Place of Confinement

Po Box 2000  
Mailing Address

Vacaville, CA. 95696  
City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF CALIFORNIA**

Thanh Quang  
(Full Name of Plaintiff) Plaintiff,

v.

CASE NO.

2:22-cv-1341 CKD (PC)

~~2:22 cv 1703 KJN (PC)~~

(To be supplied by the Clerk)

(1) CSP- California Medical Facility  
(Full Name of Defendant)

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

Defendant(s).

☐ Original Complaint☒ First Amended Complaint☐ Second Amended Complaint☐ Check if there are additional Defendants and attach page 1-A listing them.Civil Rights Complaint By A Prisoner

**CIVIL RIGHTS COMPLAINT  
BY A PRISONER**

**A. JURISDICTION**

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).☐ Other: \_\_\_\_\_2. Institution/city where violation occurred: CSP- CMF / Vacaville, CA.

### B. DEFENDANTS

1. Name of first Defendant: \_\_\_\_\_. The first Defendant is employed as:  
\_\_\_\_\_ at CSP - California Medical Facility.  
(Position and Title) (Institution)
2. Name of second Defendant: \_\_\_\_\_. The second Defendant is employed as:  
\_\_\_\_\_ at \_\_\_\_\_.  
(Position and Title) (Institution)
3. Name of third Defendant: \_\_\_\_\_. The third Defendant is employed as:  
\_\_\_\_\_ at \_\_\_\_\_.  
(Position and Title) (Institution)
4. Name of fourth Defendant: \_\_\_\_\_. The fourth Defendant is employed as:  
\_\_\_\_\_ at \_\_\_\_\_.  
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

### C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? \_\_\_\_\_. Describe the previous lawsuits:
  - a. First prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
  - b. Second prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
  - c. Third prior lawsuit:
    1. Parties: \_\_\_\_\_ v. \_\_\_\_\_
    2. Court and case number: \_\_\_\_\_
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.









**E. REQUEST FOR RELIEF**

State the relief you are seeking:

COMPENSATION IN MONEY VALUE.  
\$ MEDICAL CARE (PROPERLY)

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

DATE

9/27/2022

SIGNATURE OF PLAINTIFF



(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)


(Attorney's address & telephone number)

**ADDITIONAL PAGES**

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

**CIVIL COVER SHEET (E-FILING FROM CDCR ONLY)**

This civil cover sheet and the information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is authorized by the Standing Order signed by the Chief District Judge entitled "In Re: Procedural Rules for Electronic Submission Of Prisoner Litigation Filed By Plaintiffs Incarcerated at Participating Institutions", and approved by the Clerk of the Court. This civil cover sheet is required on all cases filed by Plaintiffs housed at institutions participating under the e-filing program pursuant to the Standing Order and necessary for the purpose of initiating the civil case.

<b>I. PLAINTIFF</b> <i>(to be Completed by Plaintiff)</i> THANH QUANG CDCR # A59722  1600 CALIFORNIA DR YACAVILLE, CA 95696	<b>II. DEFENDANT(S)</b> <i>(to be Completed by Plaintiff)</i> CALIFORNIA MEDICAL FACILITY
<b>III. INSTITUTION BEING E-FILED FROM</b> <i>(To be Completed by CDCR Staff Member)</i> CDCR Institution Abbreviation Code <u>C.M.F.</u>	
<b>IV. SENDER INFORMATION</b> <i>(to be Completed by CDCR Staff Member)</i> SENDER: <u>CDi</u> <u>[Signature]</u> <i>(Please SIGN Name)</i> <i>(Please PRINT Name)</i> DATE SCANNED & EMAILED: <u>9/27/22</u>	
<b>V. IF CIVIL COMPLAINT CANNOT BE E-FILED ONLY</b> <i>(to be Completed by CDCR Staff Member)</i> <input type="checkbox"/> This civil complaint, and other initial filing documents authorized by the Chief District Judge entitled "In Re: Procedural Rules for Electronic Submission Of Prisoner Litigation Filed By Plaintiffs Incarcerated at Participating Institutions" is authorized to be filed through the U.S. mail and accepted by the Clerk of the Court without the need to be electronically filed because the digital sender/scanner was down for more than 48 hours. See Standing Order at ¶ 2. DATED: _____ _____ <i>(Please SIGN Name)</i> <i>(Please PRINT Name)</i> Institution Abbreviation Code: _____	

See Reverse Side for "Instructions To Plaintiffs Participating In E-Filing Program At Participating CDCR Facilities"